The Relationship of Demographic Characteristics to The Community Knowledge about Dapatkan, Gunakan, Simpan, Buang (Dagusibu) Fever Medicine
(Study in Sungai Tiung Village)

Eny Hastuti[*)], Syahrizal Ramadhani, Cast Torizellia, Norlita Alyatri
STIKes Borneo Lestari Banjarbaru, South Kalimantan, Indonesia

Correspondence Email: enyhastuti245@gmail.com

ABSTRACT

DAGUSIBU medicine is a health education program created by The Indonesian Pharmacists Association (Asosiasi Apoteker Indonesia, IAI) in an effort to realize Gerakan Keluarga Sadar Obat (GKSO). DAGUSIBU medicine stands for DApatkan, GUnakan, SImpan, BUang obat. The purpose of this study was to determine the demographic characteristics and the relationship of demographic characteristics to the level of public knowledge about DAGUSIBU fever medicine. The design of this research is observational analytic using approach cross-sectional. The sample is 138 people with purposive sampling. The instrument used is a questionnaire, analyzed by univariate and bivariate analysis using test Chi-Square. The results showed that the majority of respondents were in adulthood (33.3%), female (59.4%), basic education background (64.5%), working status (75.4%), never received information (78.3%) and the level of knowledge in the less category (47.8%). The results of statistical tests showed p-value= 0.003, gender (0.0001), education level (0.0002), occupation (0.001) and had/never received information (0.0001). The conclusion in this study was that the majority of the respondents were of adult age, female, with basic education background, never received information and the level of knowledge was less category and there was a significant relationship between demographic characteristics and the level of public knowledge.

Keywords: Characteristics, knowledge level, dagusibu fever medicine

INTRODUCTION

Drugs are substances or combinations of materials used to influence or investigate physiological systems or pathological conditions in the context of establishing the diagnosis, prevention, healing, recovery, health promotion and contraception for humans.[1]

Report on the results of the Basic Health Research/Riset Kesehatan Dasar (Riskesdas) (2013) states that out of 294,959 households in Indonesia, there are 103,860 (35.2%) households that store drugs for self-medication.[2] Meanwhile, according to the Riskesdas Report (2018), it is stated that the majority of self-medication in the treatment of dental and oral problems in Indonesia is around 42%.[3]

Various health problems, especially related to drugs, are still encountered in the community. Cases that often occur in the community range from poisoning, overdose to death. Indonesian people are now getting used to the use of various types of drugs with the aim of curing disease, controlling or taking supplements to support daily activities. The negative impact of this is errors in using and disposing of drug waste. This can happen due to a lack of knowledge and information conveyed to the public regarding the use of good and correct drugs. This can lead to undesirable things in treatment such as drugs that cannot function optimally, drugs that are used the wrong way, drugs that are not stored properly and drug disposal indiscriminately.[4]

One of the diseases that are often encountered in the community is a fever. Fever is a state of increasing body temperature above normal temperature, namely body temperature above 37.5⁰C. Fever is a condition that is often encountered in everyday life, especially in children whose bodies are still susceptible to disease. Fever in children often causes its own phobia for many mothers. Fever is defined as an increase in body temperature above normal. Therefore, a mother must be prepared if her baby has a fever.[5]

World Health Organization (WHO) states that the number of cases of fever worldwide reaches 18-34 million. Children are susceptible to fever even though the symptoms experienced are milder than adults. In almost all endemic areas, the incidence of fever occurs in children aged 5-19 years. Data on visits to pediatric health facilities in Brazil show that 19% to 30% of children are examined for fever.[6] Indonesia's health profile in 2013 revealed that the number of patients with fever caused by infection was reported as 112,511 cases of fever with 871 deaths.[7]

One effort that often parents do to lower the child's fever is giving antipyretics. An example of a drug that can be used as an antipyretic is paracetamol. Paracetamol is a non-opiate para-aminophenol group intended for analgesic and antipyretic use.[7] The Khasanah Research in 2016 showed that there were 64.4% of respondents stated that antibiotics can be purchased at pharmacies without a doctor's prescription, 57.8% stated that eye drops are good to use more than 30 days after opening and 66.7% stated that suppository preparations can be stored at room temperature and 60% stated that it is correct to dispose of drugs in good and intact packaging directly into the trash.[8]

Irrational treatment can occur because of wrong behavior when doing self-medication.[9] Human behavior is formed through a process of interaction that takes place between man and his environment. Two factors influence the formation of human behavior, namely internal factors and external factors.[10] Internal factors include intelligence, motivation, knowledge, perception, emotion, and so on that play a role in responding to external stimuli. External factors in the form of the surrounding environment, both physical and non-physical, include climate, culture, humans, socio-economics, and so on.[10] External factors, especially humans, have different characteristics. Characteristics of self-medication patients include gender, age, education, occupation, and income.[9,10]

In the management of drugs, of course, must be supported by the knowledge factor possessed by the community itself. Knowledge is a process of remembering and recognizing objects that have been studied well through the five senses in a particular field. Knowledge in the use of dagusibu drugs is the most important thing because knowledge is one way to be able to use drugs, store, obtain, and dispose of drugs according to the dagusibu concept. The category of knowledge includes the ability to recall from memory specific and general things, methods and processes or remember a pattern, arrangement, phenomenon or event.[11]

Various health problems, especially related to drugs, are still encountered in the community. Cases that often occur in the community range from poisoning, overdose to death. In order to avoid the negative effects of using drugs, we need to use drugs correctly. For this reason, we need to know the DAGUSIBU principle, namely Get the right medicine, use the right medicine, store the medicine properly and dispose of the medicine properly. Dagusibu medicine stands for Get, Use, Save, Dispose of medicine.[12] Dagusibu

medicine is a health education program created by IAI in an effort to realize the Drug Awareness Family Movement (GKSO) as a concrete step to improve the quality of life of the community so as to achieve the highest health status as a commitment in carrying out the mandate of Law Number 36 of 2009.[12] DAGUSIBU also one of the efforts to improve public health through activities organized by skilled health services pharmacy. One of the benefits of dagusibu is to protect the public from the dangers of using drugs that are not true and not appropriate.[13]

Need for supervision and delivery of information about the drug to patients or the public in obtaining, use, store and dispose of medications properly. If the use is wrong, inappropriate, not in accordance with the dosage and indications then the drug can endanger health.[1] During the preliminary study through brief interviews with 20 people who met directly when the researcher came to the field, it was shown that as many as 15 people in getting fever medicine could get it at the shop. Meanwhile, in the management of drugs at home, there are still many people who do not understand how to store and dispose of drugs. For example, people store syrup medicine in the refrigerator in the hope that the medicine will last longer even though this storage is not appropriate. Given the importance of information and knowledge that the public has about DAGUSIBU fever medicine in order to avoid errors in drug management and other fatal consequences, the authors are interested in conducting research on Relationship characteristics (age, gender, education, occupation, have/never received information about DAGUSIBU medicine) on the level of public knowledge about the medicine for fever in Sungai Tiung Village.

METHOD

This research is a quantitative study with an observational analytic design, using approach cross-sectional.[14] This research was conducted on people who live in Sungai Tiung Village from January to June 2020. The population in this study is people who live in the Sungai Tiung Village area with a total population of 8,518 people in 2018.[15] The research sample in accordance with the inclusion criteria, namely the people residing and living in Sungai Tiung, aged 18-65 years who can read, write and exclusion criteria are the people who are not willing to be a sample. The sampling technique used was *purposive sampling* method. The number of samples is calculated based on the sample size formula for collaborative analytics, which is 0.301.[16] From the results of the formula, the number of

samples taken is 138 people. Then the researcher did the calculations to take samples in each Rukun Warga (RW).

The independent variables consist of age, gender, education, occupation, have/never received information about the drug DAGUSIBU and the dependent variable (the level of public knowledge about the drug for fever. The age variable consists of the category of Adults (18-41 years) and Old (42 years). -65 years old), Gender consists of male and female categories, Education consists of Elementary (SD/equivalent and SMP/equivalent), Intermediate (SMA/equivalent) and High (Diploma, undergraduate, postgraduate). Occupational variables with categories Working and not working. variable the history of getting information about DAGUSIBU fever medicine consists of categories of never and ever getting as well as knowledge variables with less, enough and good categories.

This study used a data instrument in the form of a questionnaire. The questionnaire used was a questionnaire consisting of an informed consent sheet and the main sheet of a questionnaire. Respondents filled out a questionnaire containing questions consisting of two parts, namely questions about response characteristics data is filled by putting a checklist () in the column of choices provided and a list of questions about the level of knowledge about DAGUSIBU fever medicine by putting a mark (x) in the column with a choice of true or false answers. The results of data collection were then carried out with univariate and bivariate analysis using chi-square test.

RESULTS AND DISCUSSION

This questionnaire has been tested for validity and reliability in Cempaka District on 30 non-sample respondents. The results obtained were all declared valid and reliable, namely > the R table value of 0.361 and the reliability test of R alpha >0.60 which was 0.881 for the level of knowledge. Frequency Distribution Demographic characteristics can be seen in the table below.

Table 1. Demographic Characteristics of Respondents

Characteristics of Respondents	N	(%)
Age		
Adult (18-41 Years)	92	66.7
Old (42-65 Years)	46	33.3
Gender		
Male	56	40.6
Female	82	59.4

Characteristics of Respondents	N	(%)
Education Level		
Elementary (Elementary School /equivalent and Junior High School/equivalent)	89	64.5
Intermediate (Senior High School/equivalent)	34	24.6
High (Diploma, Undergraduate, Postgraduate)	15	10.9
Occupation		
Not Working	34	24.6
Working	104	75.4
Information on Dagusibu fever medicine		
Never received information	108	78.3
Ever received information	30	21.7
Knowledge Level		
Less	66	47.8
Enough	48	34.8
Good	24	17.4

Source: Primary Data, 2020

Based on the results of the study in Table 1, it shows that the majority of people are included in the adult category, namely the age of 18-41 years as many as 92 people (66.7%). In this study, research subjects who were determined as inclusion criteria were research subjects aged 18-65 years. The results of this study are in line with Kusuma's research (2019) stating that adult age more dominant self-medication with a percentage of 49%.[17] The definition of an adult is all adults starting from 18 years old because at this age they are considered to have the capacity to make decisions about their own health and can be responsible for the decisions that have been made.[18] The results showed that the majority of the community were female as many as 82 people (59.4%). These results are in line with the research of Suherman and Febrina (2018) based on gender characteristics which show that women are more likely to self-medicate than men.[19] The majority of people have a background of 89 (64.5%). The higher the education level of a person, the easier it will be to receive information so that the more experience one has in this regard, especially regarding health problems.[20] The majority of people work as many as 104 people (75.4%). Work is one way to earn income. If someone works, it will increase one's income so that it can meet needs and increase welfare.[21]

The results also showed that the majority of people never received information about DaGuSiBu fever medicine as many as 108 people (78.3%). The majority have never received information about DaGuSiBu fever medicine, so it can be said that the information obtained by respondents is certainly still lacking because the information obtained only comes from the experience of family or the closest environment, drug sellers or advertisements on television. The level of knowledge of the majority of people included in the category of less knowledgeable of 66 people (47.8%). Lack of public knowledge about DAGUSIBU fever medicine can cause people not to get proper information about how to use, store and dispose of fever medicine. This is reinforced by research by Monidah (2018) which shows a significant relationship between the level of knowledge and the accuracy of using paracetamol as an antipyretic analgesic in self-medication efforts in Cempaka sub-district, Banjarbaru city with p-value= 0.000 <0.05.[22]

Table 2. Relationship between demographic characteristics and knowledge level of dagusibu fever drug

Demographic Characteristics	Knowledge Level						Total	P Value
	Less		Enough		Good		Total	P Value
	N	%	N	%	N	%	N	
Age								
Adult	35	38.0	40	43.5	17	18.5	92	0.003
Old	31	67.4	8	17.4	7	15.2	46	
Gender								
Male	39	69.9	13	23.2	4	7,1	56	0.0001
Female	27	32.9	35	42.7	20	24.4	82	
Education Level								
Elementary (Elementary school/ equivalent and Junior High School/equivalent)	52	58.4	28	31.5	9	10.1	89	
Intermediate (SMA/equivalent)	12	35.3	15	44.1	7	20.6	34	0.0002
High (Diploma, Undergraduate, Postgraduate)	2	13.3	5	33.3	8	53.3	15	

Demographic Characteristics	Knowledge Level						Total	P Value
	Less		Enough		Good			
	N	%	N	%	N	%	N	
Occupation								
Nor Working	26	76.5	5	14.7	3	8.8	34	0.001
Working	40	38.5	43	41.3	21	20.2	104	
Information about Dagusibu Drugs								
Never received information	59	54.6	38	35.2	11	10.2	108	0.0001
Ever received information	7	23.3	10	33.3	13	43.3	30	

(Source: Primary Data, 2020)

Based on the results of the study, Table 2 shows that the majority, including respondents in the adult age category (aged 18-41 years) have sufficient knowledge of 43.5%. Based on the results of statistical tests obtained p-value = 0.003 < 0.05. This shows that there is a significant relationship between age characteristics. The results of this study are in line with Ritonga's (2019) research, namely age is one of the factors that affect the rationality of self-medication.[23] Age can affect a person's perception and mindset. The older you get, the more your grasping power and mindset will develop so that the knowledge and information you get will get better. According to Kurnia (2010) in Pujiastuti (2019) in the age group < 30 years normally have good health so that to take and use drugs and DAGUSIBU medicinal there is still a slight tendency while in the age group > 30 years usually start to feel unstable or normality in their health or starting to experience signs of generative diseases which can be one factor in the increase in the use of medicines, especially fever medicines which are usually always available at home as the first step in treatment. At certain ages or entering and approaching old age, of course, the ability to accept or remember knowledge and information will decrease. A person's age increases can make changes in psychological aspects. In the aspect of psychology, a person's thinking level is getting more mature and mature.[13]

According to Rikomah (2016) stating that age affects a person to take treatment, including the drug DAGUSIBU that the community uses in making decisions about drug selection actions later.[24] Basically,the person's age is getting enough ability and maturity level of a person would be better off in thinking and receive information. This is as a result of experience and maturity of the soul so that in making decisions in acting and taking an action, it has been carefully thought out as well. The decision referred to in this case is a decision on the level of knowledge of DAGUSIBU medicine, especially fever medicine, in choosing treatment for the illness.[19]

The results showed that the majority of respondents were female and showed a tendency to be quite knowledgeable as much as 42.7%. Based on the results of statistical tests obtained p-value = 0.0001 < 0.05. This shows that there is a significant relationship between gender characteristics and the level of public knowledge about the drug DAGUSIBU fever in Sungai Tiung sub-district. Gender is one of the factors that affect a person's knowledge.[10] This is in line with research by Panero, et al. (2016) who said that the female sex had more knowledge about drugs, including about dagusibu fever medicine, compared to men. This is because women are more caring and more selective and thorough in their treatment so that all matters relating to medicine, including fever medicine, are given great attention.[25]

The majority of respondents have a basic education background which shows a tendency to have less knowledge as much as 58.4%. Based on the results of statistical tests obtained p-value = 0.0002 < 0.05. This shows that there is a significant relationship between the characteristics of the level of education and the level of knowledge of the community about DAGUSIBU fever medicine in Sungai Tiung sub-district. This is in line with the research of Struggle (2021), which is thatis therea relationship with the last education p-value = 0.000).[26] A person's level of education is very influential on the level of knowledge of a person about the medicinal DAGUSIBU in medicine. Respondents with higher education tend to be more receptive to information and better able to apply the information or knowledge obtained. A high level of education will make it easier for a person or community to obtain and digest information to then make choices in the action of selecting the desired drugs and health services and implementing a healthy life in order to improve the health status of the community itself and its family.[10] Categories of work on the respondents, the results showed that the majority of respondents were in working status, showing a tendency to be quite knowledgeable as much as 41.3%. Statistical test results obtained p-value = 0.001 < 0.05. This shows that there is

a significant relationship between job characteristics and the level of community knowledge about DAGUSIBU fever medicine in Sungai Tiung sub-district. This is in line with Anis' research (2017) which states that employment and income onknowledge common cold with p-value <0.1.[27] As is known in the characteristics of the respondents, the majority of respondents work as panners by 26.1% and traders by 14.5%. One's job will greatly affect one's knowledge and experience. The learning experience in work that is developed will provide professional knowledge and skills and learning experience at work will be able to develop the ability to take a decision which is the integration of scientific and ethical reasoning.[27] The busyness of work of respondents, the majority of whom are miners and traders, usually get minimal information, so that respondents have a greater tendency not to have much experience and extensive knowledge and information to access related information about the correct fever medicine. The results of the study also stated that the majority of respondents who never received information about the drug dagusibu showed a tendency to have less knowledge as much as 54.6%.

Based on the results of statistical tests obtained *p value* = 0.0001 < 0.05. This shows that there is a significant relationship between the characteristics of having/never received information about medicinal dagusibu on the level of public knowledge about the drug for fever in Sungai Tiung sub-district. Insufficient information will have a bad impact so that the tendency will be to behave negatively, whereas if there is a lot of information it will have a good impact and produce a good response or behavior. Information about DAGUSIBU fever medicine is very important and very necessary so that in its implementation the community is not misinformed so as to minimize errors in the use of drugs, especially fever drugs. Although fever medicine can be said to be the safest in its use, it still has the risk of side effects where there is a small percentage of people who have allergies to fever medicines such as paracetamol. So in essence, the lack of public knowledge about DAGUSIBU fever medicine can cause people not to get fever medicine properly by using, storing and disposing of the wrong fever medicine.[1]

CONCLUSION

The majority of respondents' age is in the adult category, namely ages 18-41 years as much as 66.7%, female sex as much as 59.4% with sufficient knowledge as much as 42.7%, background in basic education as much as 64.5%, working as much as 75.4% 78.3% of respondents never received information about DAGUSIBU fever medicine and the majority of respondents' knowledge of DAGUSIBU fever medicine was in the category of less knowledge of 47.8%.

There is a significant relationship between the characteristics of age with p value = 0.003, gender (0.0001), education level (0.0002), occupation (0.001), and a history of getting information about DAGUSIBU fever medicine (0.0001) on the level of knowledge the community about DAGUSIBU fever medicine in the Sungai Tiung village

REFERENCES

1. Kementerian Kesehatan Republik Indonesia. Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 Tentang Kesehatan. Jakarta: Kemenkes RI; 2009.
2. Badan Penelitian dan Pengembangan Kesehatan. Laporan Nasional Riskesdas 2013. Riset Kesehatan Dasar; 2013.
3. Badan Penelitian dan Pengembangan Kesehatan. Laporan Nasional Riskesdas 2018. Riset Kesehatan Dasar. Jakarta; 2018.
4. Purwidyaningrum., Peranginangin I. J. M., Mardiyono, Sarimanah J. Dagusibu, Pertolongan Pertama pada Kecelakaan di Rumah dan Penggunaan Antibiotik Secara Rasional di Kelurahan Nusukan. Journal of Dedicators Community UNISNU Jepara. 2019; 3(1): 23-43
5. Handy F. A–Z Penyakit Langganan Anak. Jakarta: Pustaka Bunda; 2016.
6. World Health Organization (WHO). Regional Office for South-East Asia. Comprehensive guidelines for prevention and control of dengue and dengue hemorrhagic fever; 2011. Available at https://apps.who.int/iris/handle/10665/204894
7. Wardiyah A, Setiawati S, Setiawan D. Perbandingan Efektifitas Pemberian Kompres Hangat dan Tepidsponge terhadap Penurunan Suhu Tubuh Anak yang Mengalami demam RSUD Dr. H. Abdul Moeloek Provinsi Lampung. Jurnal Ilmu Keperawatan. 2016; 4(1): 44–56.
8. Khasanah. Efektivitas Metode Edukasi Penyuluhan dan Diskusi Interaktif di Media Sosial Path dalam Upaya

Meningkatkan Pengetahuan Mahasiswa Non Kesehatan tentang Dagusibu di Kabupaten Banyumas [skripsi]. Purwokerto: Fakultas Farmasi Universitas Muhammadiyah Purwekerto; 2016.

9. Badan Pengelolaan Obat dan Makanan (BPOM). Menuju Swamedikasi yang Aman. Jakarta; 2004.

10. Notoatmodjo S. Ilmu Perilaku Kesehatan. Jakarta: Rineka Cipta; 2014.

11. Puspasar H, Harida S dan Fitriyani D. Tingkat Pengetahuan tentang Dagusibu Obat Antibiotik pada Masyarakat Desa Sungai Awan Kiri Kecamatan Muara Pawan Kabupaten Ketapang Tahun 2017. Akademi Farmasi Yarsi Pontianak. Open Journal Systems STF Muhammadiyah Cirebon. Medical Sains. 2018. 3(1): 11-18

12. Ikatan Apoteker Indonesia. Pedoman Pelaksanaan Gerakan Keluarga Sadar Obat, Pengurus Pusat Ikatan Apoteker Indonesia. Jakarta: PPIAI; 2014.

13. Pujiastuti A. Sosialisasi Dagusibu (Dapatkan, Gunakan, Simpan, Buang) Obat dengan Benar pada Guru dan Karyawan SMA Theresiana I Semarang. Indonesian. Journal of Community Services. 2019; 1(1): 62-72.

14. Riyanto. Pengolahan dan Analisis Data Kesehatan. Yogyakarta: PT. Nuha Offset; 2011.

15. Badan Pusat Statistik Kota Banjarbaru. 2019. Prevalensi Penduduk Kecamatan Cempaka Kota Banjarbaru Dalam Banjarbaru Municipality in Figures. Catalog 1102001.6372

16. Syafitri IN, Ika Ratna Hidayati, Liza Pristianty. Hubungan Tingkat Pengetahuan terhadap Penggunaan Obat Paracetamol Rasional dalam Swamedikasi. Jurnal Farmasi dan Ilmu Kefarmasian Indonesia. 2017; (4)1: 19-26.

17. Kusuma DPI. Hubungan Faktor Sosiodemografi dengan Tingkat Pengetahuan Swamedikasi pada Masyarakat di Desa Sinduharjo Kabupaten Sleman [skripsi]. Yogyakarta: Program Studi Farmasi Fakultas Matematika dan Ilmu Pengetahuan Alam Universitas Islam Indonesia Yogyakarta; 2019.

18. Sketcher-Baker. Guide to Informed Decision Making in Health Care. Ed. Queensland Health; 2017.

19. Febrina D, Suherman. Pengaruh Faktor Usia, Jenis Kelamin dan Pengetahuan terhadap Swamedikasi Obat Hilda Suherman1) Jurnal kebidanan dan Keperawatan Viva Medika. 2018; 11(3): 94-108

20. Carter. Disaster Management: A Disaster manager's Handbook. Manila: ADB; 2011.

21. Restiyono A. Analis Faktor yang Berpengaruh dalam Swamedikasi Antibiotik pada Ibu Rumah Tangga di Kelurahan Kajen Kabupaten Pekalongan. Jurnal Promosi Kesehatan Indonesia. 2016; 11(1): 14-27.

22. Monidah. Hubungan Tingkat Pengetahuan dengan Ketepatan Penggunaan Paracetamol sebagai Analgetik Antipiretik dalam Upaya Pengobatan Sendiri di Kecamatan Cempaka Kota Banjarbaru [skripsi]. Banjarbaru: STIKES Borneo Lestari; 2018

23. Ritonga KI. Pengetahuan dan Rasionalitas Pasien terhadap Pengobatan Sendiri di Apotek Kecamatan Medan Johor [skripsi]. Medan: Fakultas Farmasi. Universitas Sumatera Utara; 2019.

24. Rikomah. Farmasi Klinik. Edisi I. Yogyakarta: Deepublish; 2016.

25. Panero C, Persico, Luca. Attitudes Toward and Use of Over The Counter Medications among Teenagers: Evidence from an Italian Study. International Journal of Marketing Studies. 2016; 8(3): 15-27.

26. Perjuangan RP. Tingkat Pengetahuan dan Rasionalitas Ibu Rumah Tangga dalam Pemilihan Obat Untuk Swamedikasi Bagi Keluarga di Desa Ujung Padan [skripsi]. Medan: Program Studi Sarjana Farmasi Fakultas Farmasi Universitas Sumatera Utara Medan; 2021.

27. Anis F. Hubungan Faktor Sosiodemografi terhadap Pengetahuan Swamedikasi dan Penggunaan Obat Common Cold di Desa Wukirsari Kecamatan Cangkringan Kabupaten Sleman Yogyakarta [skripsi]. Yogyakarta: Program Studi Farmasi Fakultas Matematika dan Ilmu Pengetahuan Alam Universitas Islam Indonesia Yogyakarta; 2017.

Appendix 1
Demographic Data Questionnaire

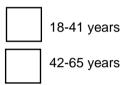**DEMOGRAPHIC CHARACTERISTICS QUESTIONNAIRE SHEET**

Provisions: Put a check mark (√) in the column provided

A. Respondent Identity
1. Respondent Initial   : ……………………………
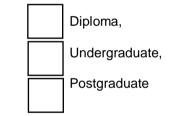
2. Gender

☐ Male

☐ Female

3. Respondent's Age

☐ 18-41 years

☐ 42-65 years

4. Respondent's Education

☐ Elementary School/ Equivalent   ☐ Diploma,

☐ Junior High School/ Equivalent   ☐ Undergraduate,

☐ Senior High School/ Equivalent   ☐ Postgraduate

5. Respondent's occupation

☐ Not Working

☐ Work, if you work as a …….(Please put a cross in one of the numbers below)
1. Civil Servants
2. Indonesian National Army/Police
3. Workers
4. Drivers
5. Traders
6. Miner
7. Farmer
8. Entrepreneur
9. Private sector employee/Honorary employees
10. Housewife
11. Teacher

12. Other jobs

6. Have/never received information about dagusibu medicine for fever

    ☐ Never received information about dagusibu medicine

    ☐ Yes have received information about dagusibu medicine

QUESTIONNAIRE
LEVEL OF KNOWLEDGE OF PRINCIPLES DAGUSIBU DRUG

Conditions: Put a (x) on a column that has been provided and the way you think

No	Question	Category Answers	
		True	False
Getting Medicine (DA)			
1	People can get drugs from hospitals, health centers, sub, Poskesdes, Pharmacies and Drug Stores Licensed		
2	Drug fever is recognized as the original drug only can be found in hospitals, health centers, sub, Poskesdes A		
3	drug fever is a generic can be found at drug stores		
4	drug fever patent can only be found in pharmacies or private clinics alone		
5	When you get a fever medicine of officers required to conduct a physical examination of drugs such as the number and types of drugs, packaging drug, drug expiration and appropriateness of etiquette (name, date and instructions for use)		
Using Medicine (GU)			
6	Fever medication in tablet form should be drunk with milk		
7	Fever medication in liquid form may not use a household spoon and should be taken using a spoon or other tools (pipettes, measuring cups drug)		
8	Use of fever medication three times a day means used every 8 hours are hours 6 am, 2 pm and 10 pm		
9	Fever medicine to be taken after eating means to be taken 2 hours after eating or 1 hour before eating (stomach is empty)		
10	Fever medicine does not need to be taken until it runs out, just drink it until the fever goes down.		
Storing Medicine (SI)			
11	Storing fever medicine should be in the original packaging in a tightly closed container		
12	Do not leave fever medicine in a motor vehicle for a long time because unstable temperatures can damage drug preparations		
13	Fever medicine in liquid form should not be stored in the refrigerator so as not to freeze unless stated on the label or package medication		
14	Fever medicine tablet form may be stored in hot or humid places important still in the original packaging		
15	Store fever medication should be in place that is protected from direct sunlight and away from the reach of children		
Disposing Medicine (BU)			
16	Fever medicine in the form of broken tablets can be disposed of directly into the trash without having to be stockpiled		
17	How to dispose of fever medicine in liquid form should first remove the drug label and bottle cap then dilute the preparation with water and throw it into the drain and then throw the container into the trash		
18	Disposal fever medicine can be done if the medicine is damaged due to long storage or expired		
19	Disposal of fever medicine in tablet form, crush the tablet first and thenin the ground dump it		
20	How to dispose of fever medicine packaging in the form of a box/dust should be cut first before throwing it away		

Source: Gili GTB. 2018 dan Qomarrudin, dkk (2016)